

6. Nervous System Diseases (including Alzheimer's Disease)**Reference**

Furuhashi Y. Comparative efficacy of risperidone versus yokukansan (抑肝散) on behavioral and psychological symptoms of dementia in patients with Alzheimer's disease. *Kampo Igaku (Science of Kampo Medicine)* 2010; 34: 120–1 (in Japanese).

1. Objectives

To evaluate the efficacy of yokukansan (抑肝散) and risperidone in the treatment of behavioral and psychological symptoms of dementia (BPSD)

2. Design

Randomized controlled trial (RCT).

3. Setting

Asahi Hospital, units of psychiatry, psychosomatic internal medicine, and geriatric psychiatry, Japan.

4. Participants

Twenty patients admitted to the hospital between January 2008 and January 2009 who met Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) or International Classification of Diseases (ICD) criteria for Alzheimer's disease.

5. Intervention

Arm 1: yokukansan (抑肝散) (manufacturer not specified) 7.5 g/day for 4 weeks (n=10)

Arm 2: risperidone 0.5 mg/day for 4 weeks (n=10)

6. Main outcome measures

Neuropsychiatric Inventory (NPI; for psychological symptoms) and the Cohen-Mansfield Agitation Inventory (CMAI; for behavioral symptoms) were used for evaluation.

7. Main results

Significant improvements in NPI scores and CMAI scores were observed in both the risperidone arm and yokukansan arm ($P<0.01$).

8. Conclusions

Both yokukansan and risperidone have a similar effect on BPSD.

9. From Kampo medicine perspective

None.

10. Safety assessment in the article

Sedation, malaise, drowsiness, and constipation were reported in arm 2, but no adverse events were reported in arm 1.

11. Abstractor's comments

This paper discusses the effect of yokukansan on the peripheral symptoms of Alzheimer's disease. More and more patients with dementia are being treated with yokukansan, and this paper reflects this recent trend. From the viewpoint of Kampo medicine, yokukansan is expected to reduce anger. Most anticipated is the efficacy of yokukansan on peripheral symptoms, especially on agitation, which should alleviate the burden on caregivers. Though no data were shown, this paper stated that yokukansan significantly improved CMAI scores for aggressive behaviors such as beating, kicking, grabbing, scratching, and breaking, and unaggressive behaviors such as repeating the same action over and over and asking questions continuously. These seem to be the exact effects of yokukansan. A precise report with details is awaited.

12. Abstractor and date

Nakata H, 12 January 2011, 31 December 2013.